



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

APPLICATION FOR ADMISSION 2024

Private Bag X45
 Potchefstroom
 2520
 Tel: 018 294-5339/0
 Fax: 018 293-3338
 E-mail: admin@potchboyshigh.co.za
 Web Site: www.potchboyshigh.co.za

1 passport
 photo
 required
 Attach
 here

Nr _____

Learner Surname:		Learner First Names:	
Grade applying for:		Age:	
Do you require boarding facilities:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please Note

1. All documents must be attached to this application form.
2. No copies of any documents will be made at school.
3. All copies must be certified.
4. No application will be processed if all documentation is not attached and/or all information required is not completed.
5. Applications may be emailed to the school.

The following documents must be attached:

	Office use only
1. One recent ID-size photograph of the learner, to be attached to this form	<input type="checkbox"/>
2. Confidential report. (To be mailed/faxed to us by the learner's present school)	<input type="checkbox"/>
3. The learner's most recent school report	<input type="checkbox"/>
4. Proof of residential address of main parent (Copy of municipal/water & lights account)	<input type="checkbox"/>
5. Salary advice of BOTH parents / guardians, EVEN IF DIVORCED / SEPARATED OR SINGLE . (Copy of salary advice or letter from auditors stating amount earned monthly if self-employed, bank statements NOT accepted). Applications will not be considered without BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED / Death certificate if applicable	Gardian 1 <input type="checkbox"/> Gardian 2 <input type="checkbox"/> Affidavit <input type="checkbox"/>
6. Copy of ID of BOTH parents / guardian, EVEN IF DIVORCED / SEPARATED OR SINGLE . Applications will not be considered without BOTH parents details, even if divorced, separated or single. AFFIDAVIT MUST BE PROVIDED IF BOTH PARENTS' DETAILS ARE NOT SUBMITTED / Death certificate if applicable	Gardian 1 <input type="checkbox"/> Gardian 2 <input type="checkbox"/> Affidavit <input type="checkbox"/>
7. A certified copy of the learner's Birth certificate & unabridged birth certificate . Applications will not be considered without an unabridged certificate (NOT ABRIDGED, BUT UNABRIDGED – SEE ATTACHED EXAMPLE (to be submitted only if you DON'T supply BOTH parents' ID documents))	<input type="checkbox"/>
8. Copy of medical card if applicable.	<input type="checkbox"/>
9. Subject choice (Applicable for Grade 10 – 12 learners only)	<input type="checkbox"/>
10. Most recent financial statement from current school.	<input type="checkbox"/>
11. Study permit (all immigrants)	<input type="checkbox"/>

Office use only:

Date Applied:		Account nr:		Informed date:	
Age next year:		Admission No:		Deposit paid:	
Accepted:		Acceptance letter:		Outstanding doc:	
Hostel:		Sport House:			

SECTION A: PARTICULARS OF LEARNER

1. Surname:	
2. First names (as on birth certificate):	
3. Preferred or nickname:	
4. Date of birth:	
5. Population group (e.g. Xhosa, etc):	
6. Home Language:	
7. Church denomination (if applicable):	
8. Learner's cell phone number:	
9. ID Number :	

10. Immigrant:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes: 10.1. Date of arrival in RSA:	
10.2. Passport Number:	
10.3. Country of origin / Birth:	
10.4. Permit Type:	Study <input type="checkbox"/> Refugee <input type="checkbox"/>
10.5. Permit Number:	
10.6. Permit Expiry Date:	

11. Grade/s repeated:	Grade:	Year:
12. Brothers attending this school:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade:
13. Name and Surname of sibling in school:		
14. Your children attending other schools:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number:
14.1. Name of schools :		
15. Present school Name:		
15.1. Address:		
15.2. Province:		
15.3. Telephone Number:		
15.4. Fax Number:		
16. School(s) attended in last three years:		
16.1. Name of School:		
16.2. Telephone Number:		

17. Medical information:		
17.1. Medical aid:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17.2. Name of medical aid:		
17.3. Medical aid number:		
17.4. Name of the main member of medical aid:		
17.5. Home doctor:		
17.6. Home doctor - tell number and cell number:		
17.7. Allergies (if any):		
17.8. Physical disability /s:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:
17.9. Learning disability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify:

18. Special dietary requirements:		
No pork <input type="checkbox"/>	No fish <input type="checkbox"/>	
Halaal <input type="checkbox"/>	Vegetarian <input type="checkbox"/>	
Diabetic <input type="checkbox"/>	Other (specify):	

SECTION B : PARTICULARS OF PARENT(S) / GUARDIAN(S) TAKING CARE OF THE LEARNER AND RESPONSIBLE FOR ALL FEES

1. Father / Guardian (male):		Father: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Responsible for account: <input type="checkbox"/>
1.1 Title (e.g. Mr, Dr):				
1.2 Surname:				
1.3 Full Names:				
1.4 ID Number:				
1.5 Date of Birth:				
1.6 Residential Address:				
Province:				Postal Code:
Number of years at current residential address:				
1.7 Home telephone number:				
1.8 Fax number:				
1.9 Cell number:				
1.10 Postal address (for accounts and correspondence):				
				Postal Code:
1.11 e-mail (work):				
1.12 e-mail (home):				
1.13 Occupation:				
1.14 Name of employer:				
1.15 Telephone number of employer:				
1.16 Physical Work address:				
				Postal Code:
2. Mother / Guardian (female):		Mother: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Responsible for account: <input type="checkbox"/>
2.1 Title (e.g. Ms, Mrs, Dr):				
2.2 Surname:				
2.3 Full Names:				
2.4 ID Number:				
2.5 Date of Birth:				
2.6 Residential Address:				
Province:				Postal Code:
Number of years at current residential address:				
2.7 Home telephone number:				
2.8 Fax number:				
2.9 Cell number:				
2.10 Postal address (for accounts and correspondence):				
				Postal Code:
2.11 e-mail (work):				
2.12 e-mail (home):				
2.13 Occupation:				
2.14 Name of employer:				
2.15 Telephone number of employer:				
2.16 Physical Work address:				
				Postal Code:

3. *Other person responsible for account (if Father or Mother is not paying the account)**

Responsible for account:

Relationship to learner (e.g. Grandparent / Sister / Brother / Trust Fund etc.):

3.1 Title (e.g. Ms, Mrs, Dr):

3.2 Surname:

3.3 Full Names:

3.4 ID Number:

3.5 Date of Birth:

3.6 Residential Address:

Province:

Postal Code:

Number of years at current residential address:

3.7 Home telephone number:

3.8 Fax number:

3.9 Cell number:

3.10 Postal address (for accounts and correspondence):

Postal Code:

3.11 e-mail (work):

3.12 e-mail (home):

3.13 Occupation:

3.14 Name of employer:

3.15 Telephone number of employer:

3.16 Physical Work address:

Postal Code:

*** ID, Payslip and proof of address must be submitted if another person is paying the account

4. Signature

RESPONSIBLE FOR ALL FEES if parents are not paying account

5. Status of parent(s) or guardian(s)

Parents (married)

Parents divorced

Parents separated

Father deceased

Mother deceased

Both parents deceased

Other (please explain)

Please provide death certificate if applicable

6. In case of emergency (NOT PARENTS) OTHER DETAILS NOT ALREADY SUPPLIED

Friends or relatives to be contacted if parents cannot be contacted in emergency:

6.1 Name:

Relationship to learner:

Telephone number:

6.2 Name:

Relationship to learner:

Telephone number:

7. Signatures

1. PARENT/GUARDIAN (1)
(RESPONSIBLE FOR ALL FEES)

2. PARENT/GUARDIAN (2)
(RESPONSIBLE FOR ALL FEES)

SECTION C : GETTING TO KNOW YOU (Must be completed by the learner in his own handwriting)

1. Do you participate in sport?

Yes No

If yes, what sport and what team?

2. Do you participate in cultural activities?

Yes No

If yes, what activities and at what level?

3. Are you a leader in your present school?

Yes No

If yes, specify e.g. Prefect, RCL, Class Captain, Monitor

4. Have you ever been to a disciplinary hearing?

Yes No

If yes, what were the charges and what was the outcome of the hearing?

5. What would you like to become one day when you have completed school?



2023 : Fees

School Fees	R	25,000.00	all day scholars
Hostel Fees	R	48,500.00	
Total Fees payable	R	<u>73,500.00</u>	all boarders

If you have a second child at school, you will receive a 5% discount on his fees

PAYMENT OPTIONS:	PER ANNUM	PER TERM	PER MONTH
	Once off - not later than 31 January 2023 less 10% discount	4x termly payments payable on 1 st day of term	Gr 8 - 11 learners : 10 x monthly payments Gr 12 learners : 9 x monthly payments
School Fees	R 22 500	Jan 2022 = R7 500 Apr 2022 = R7 500 July 2022 = R7 500 Oct 2022 = R2 500	Gr 8 - 11 learners : Jan - Oct 2022 = R2 500 Gr 12 learners : Jan - Aug 2022 = R2 800 and Sep 2022 = R2 600
Hostel Fees	R 43 650	Jan 2022 = R 12 125 Apr 2022 = R 12 125 Jul 2022 = R 12 125 Oct 2022 = R 12 125	Gr 8 - 11 learners : Jan - Oct 2022 = R4 850 Gr 12 learners : Jan - Aug 2022 = R5 400 and Sep 2022 = R5 300

REGISTRATION FEE:

10% of annual fees payable during Oct - Nov of current year but not later than January of the following year (school and hostel fees)

PAYMENT METHODS:

- CASH - still accepted but not preferred
- EFT - electronic fund transfer (internet payment performed by you)
- DEP - bank deposit (performed by you)
- CARD - debit or credit card (machine available at school)

BANK DETAILS FOR PAYMENT OF FEES ARE:

<u>School Bank details:</u>		<u>Hostel Bank details:</u>	
Potch Boys High School	Name:	PBHS - Hostel	
FNB	Bank:	FNB	
62115812655	Acc. No.	62115927800	
240438	Branch:	240438	
E-mail deposit slip on the same day to:		finance@potchboyshigh.co.za	
Reference no. for deposit slips - use your own unique number as issued by the school			

A 3345



c 1254740
DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/BI - 5

XXXXX
BI-19

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

20080739251 UNABRIDGED BIRTH CERTIFICATE

CHILD
SURNAME:
FORENAMES:

IDENTITY NUMBER:

GENDER:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

FEMALE DATE OF BIRTH: 1971-09-24
JOHANNESBURG
SOUTH AFRICA

FATHER
SURNAME:
FORENAMES:

IDENTITY NUMBER: -----

DATE OF BIRTH:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

1945.05.22
JOHANNESBURG
SOUTH AFRICA

MOTHER

IDENTITY NUMBER: -----

MAIDEN NAME:
FORENAMES:

DATE OF BIRTH: 1948-01-09
PLACE OF BIRTH: DURBAN
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
NONE

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X3001
NIGEL, 1450
2009-01-14
OFFICIAL DATE STAMP
DISTRICT OFFICE NIGEL (4)

DIRECTOR GENERAL: HOME AFFAIRS
DATE PRINTED: 20081124 ISSUED BY: YGO287

EXPIRED

Please note: This document MUST be attached if you do not supply BOTH the father and the mother's ID's and payslips, otherwise the application WILL NOT BE CONSIDERED



POTCHEFSTROOM HIGH SCHOOL FOR BOYS

CONFIDENTIAL REPORT

(This form is to be completed by the learner's current School and returned directly to Potchefstroom High School for Boys)

Private Bag X45
Potchefstroom
2520
Tel: 018 294-5339/0
Fax: 018 293-3338
E-mail: admin@potchboyshigh.co.za
Web Site: www.potchboyshigh.co.za

LEARNER SURNAME: _____

LEARNERS FIRST NAMES: _____

GRADE: _____ AGE: _____

ACADEMIC ACHIEVEMENT (as per last report)

SUBJECT	PERCENTAGE
English	
Afrikaans	
Mathematics	
Mathematical Literacy	
Physical Science	

SPORT: Comment on ability, Participation, Sportsmanship and Team Membership:

CULTURAL AND CREATIVE ACTIVITIES

CHARACTER AND LEADERSHIP POTENTIAL

ANY KNOWN PROBLEMS (e.g. Family, Emotional, Remedial, Medical, SGB Disciplinary hearing)

Has all school/boarding fees been paid to date? Yes No

If "No" please specify _____

NAME _____

SIGNATURE _____

SCHOOL STAMP

Thank you for your assistance and co-operation.